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B 6 Summary (Official Form 6 - Summary) (12/13)

United States Bankruptcy Court Northern District of Mississippi

In re	Shelbert J. Joseph,		Case No.	14-14277
	Marnita L. Joseph			
		Debtors	Chapter	13
			•	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	147,548.00		
B - Personal Property	Yes	4	38,201.78		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		95,882.53	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		3,703.31	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	3		5,328.73	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			4,054.29
J - Current Expenditures of Individual Debtor(s)	Yes	2			2,149.17
Total Number of Sheets of ALL Schedu	ıles	19			
	T	otal Assets	185,749.78		
			Total Liabilities	104,914.57	

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B 6 Summary (Official Form 6 - Summary) (12/13)

United States Bankruptcy Court Northern District of Mississippi

In re	Shelbert J. Joseph,		Case No	14-14277
	Marnita L. Joseph			
_		Debtors	Chapter	13

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159. Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	3,703.31
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	3,703.31

State the following:

Average Income (from Schedule I, Line 12)	4,054.29
Average Expenses (from Schedule J, Line 22)	2,149.17
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	6,148.15

State the following:

		_
Total from Schedule D, "UNSECURED PORTION, IF ANY" column		6,718.32
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	3,703.31	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		5,328.73
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		12,047.05

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B6A (Official Form 6A) (12/07)

In re	Shelbert J. Joseph,	Case No 14-14277
	Marnita L. Joseph	

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
House and 2.0 acres of land Location: 20345 Attala Highway 35 North, West MS 39192	Homestead	J	143,471.00	77,655.88
26.50 acres of land Location: 20345 Attala Highway 35 North, West MS	homestead	J	4,077.00	6,829.00

39192

Sub-Total > 147,548.00 (Total of this page)

Total > 147,548.00

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

In re	Shelbert J. Joseph,	Case No	14-14277
	Marnita L. Joseph		

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
1.	Cash on hand	X			
2.	Checking, savings or other financial accounts, certificates of deposit, or		checking account xxxx2924	Н	537.28
	shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit		JPMorgan Chase Bank		
	unions, brokerage houses, or cooperatives.		checking account xxxx3425	Н	100.00
			JPMorgan Chase Bank		
			savings account xxx1407	J	25.00
			Citizens National Bank		
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X			
4.	Household goods and furnishings, including audio, video, and computer equipment.		Sofa (200) 3-chairs (150) 2-52" Televisions (350) 32" TV (150) dining table w/ 6 chairs (200) Refrigerator (300) stove (250) 2-microwaves (100) sunroom furniture (250) 3-bedroom suits (600) dell desktop computer (250), HP laptop computer (200), printer (100)	J	3,100.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6.	Wearing apparel.		clothing	J	1,200.00
7.	Furs and jewelry.	X			
8.	Firearms and sports, photographic, and other hobby equipment.		2-12 guage shot guns (150) Treadmill machine (100), weight set w/ bench (100), camcorder (100) radar detector (25)	J	475.00
				Sub-Tota of this page)	al > 5,437.28

³ continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

In re	Shelbert J. Joseph,
	Marnita L. Joseph

Case No.	14-14277
Case 110.	17-174//

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O Description and Location of Property E	Joint, or	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemptio
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	Term Life Insurance through Primerica (no cash value)	Н	0.00
10. Annuities. Itemize and name each issuer.	X		
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X		
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	Retirement through Employment	н	2,414.50
 Stock and interests in incorporated and unincorporated businesses. Itemize. 	X		
14. Interests in partnerships or joint ventures. Itemize.	х		
 Government and corporate bonds and other negotiable and nonnegotiable instruments. 	Х		
16. Accounts receivable.	X		
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X		
 Other liquidated debts owed to debtor including tax refunds. Give particulars. 	2014 Federal Income Tax Refund (unknown but not to exceed \$10,000.00)	J	5,000.00
	2014 State Income Tax Refund (unknown but not to exceed \$10,000.00)	J	5,000.00
	2014 Earned Income Tax Credit (unknown but not to exceed \$10,000.00)	J	5,000.00
		Sub-Tots	al > 17,414.50
		Sub-Tota (Total of this page)	al > 17,414

Sheet <u>1</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

In re Shelbert J. Joseph, Marnita L. Joseph

Case No.	14-14277

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	x			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22.	Patents, copyrights, and other intellectual property. Give particulars.	X			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and	2008	Dodge Nitro SXT	J	6,200.00
	other vehicles and accessories.	2003	Chevy Tahoe C1500	J	3,725.00
		2004	Toyota Corolla CE	J	3,125.00
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.		r dryer w/ chairs, Styling Chair, 2-wash bowls, er Chair, wax warmer, 2-televisions	J	2,000.00

Sub-Total > (Total of this page)

15,050.00

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

In re	Shelbert J. Joseph,	Case No	14-14277
	Marnita L. Joseph		

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
30.	Inventory.	X			
31.	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			
33.	Farming equipment and implements.	X			
34.	Farm supplies, chemicals, and feed.	X			
35.	Other personal property of any kind not already listed. Itemize.		ding lawn mower (200) weedeater (100) Trimmer (00), assorted hand tools (100), Sander (100),	J	300.00

| Sub-Total > 300.00 (Total of this page) | Total > 38,201.78

Sheet <u>3</u> of <u>3</u> continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (4/13)

In re Shelbert J. Joseph, Marnita L. Joseph

Debtor claims the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Check one box) ☐ 11 U.S.C. §522(b)(2) ☐ 11 U.S.C. §522(b)(3)		mount subject to adjustment on 4/1/ ith respect to cases commenced on a			
Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption		
Real Property House and 2.0 acres of land Location: 20345 Attala Highway 35 North, West MS 39192	Miss. Code Ann. § 85-3-21	65,815.12	143,471.00		
Household Goods and Furnishings Sofa (200) 3-chairs (150) 2-52" Televisions (350) 32" TV (150) dining table w/ 6 chairs (200) Refrigerator (300) stove (250) 2-microwaves (100) sunroom furniture (250) 3-bedroom suits (600) dell desktop computer (250), HP laptop computer (200), printer (100)	Miss. Code Ann. § 85-3-1(a)	3,100.00	3,100.00		
Wearing Apparel clothing	Miss. Code Ann. § 85-3-1(a)	1,200.00	1,200.00		
Firearms and Sports, Photographic and Other Hobi 2-12 guage shot guns (150) Treadmill machine (100), weight set w/ bench (100), camcorder (100) radar detector (25)	by Equipment Miss. Code Ann. § 85-3-1(a)	150.00	475.00		
Interests in IRA, ERISA, Keogh, or Other Pension o Retirement through Employment	r Profit Sharing Plans Miss. Code Ann. § 85-3-1(e)	2,414.50	2,414.50		
Other Liquidated Debts Owing Debtor Including Ta: 2014 Federal Income Tax Refund (unknown but not to exceed \$10,000.00)	<u>x Refund</u> Miss. Code Ann. § 85-3-1(j)	5,000.00	5,000.00		
2014 State Income Tax Refund (unknown but not to exceed \$10,000.00)	Miss. Code Ann. § 85-3-1(k)	5,000.00	5,000.00		
2014 Earned Income Tax Credit (unknown but not to exceed \$10,000.00)	Miss. Code Ann. § 85-3-1(i)	5,000.00	5,000.00		
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u> 2008 Dodge Nitro SXT	Miss. Code Ann. § 85-3-1(a)	68.67	6,200.00		
2003 Chevy Tahoe C1500	Miss. Code Ann. § 85-3-1(a)	3,725.00	3,725.00		
2004 Toyota Corolla CE	Miss. Code Ann. § 85-3-1(a)	3,125.00	3,125.00		
Machinery, Fixtures, Equipment and Supplies Used 3-Hair dryer w/ chairs, Styling Chair, 2-wash bowls, Barber Chair, wax warmer, 2-televisions	l in Business Miss. Code Ann. § 85-3-1(a)	2,000.00	2,000.00		
Other Personal Property of Any Kind Not Already L Riding lawn mower (200) weedcater (100) Trimmer (100), assorted hand tools (100), Sander (100),	<u>isted</u> Miss. Code Ann. § 85-3-1(a)	200.00	300.00		

Total:

96,798.29

0 continuation sheets attached to Schedule of Property Claimed as Exempt

181,010.50

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B6D (Official Form 6D) (12/07)

In re	Shelbert J. Joseph,
	Marnita L. Joseph

Case No.	14-14277	
Cube 110.	17 17611	

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu H W J C	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN	UNLIQUIDA	SPUTE	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxx0700			10/11/2010	Ť	T E			
Credit Acceptance Corporation 25505 West Twelve Mile Road, Suite 3000 Southfield, MI 48034		н	secured 2008 Dodge Nitro SXT		D			
			Value \$ 6,200.00				6,131.33	0.00
Account No. xxxx-xxxx17-41 First Franklin Financial P. O. Box 1309 Kosciusko, MS 39090		w	1/31/2014 secured TV, computer, riding lawnmower, and weedeater					
Account No. xxxxxx4320	+	\vdash	Value \$ 300.00 7/24/2003	\vdash			2,700.00	2,400.00
Ocwen Loan Servicing, LLC Attn: Customer Service Department P. O. Box 24738 West Palm Beach, FL 33416-4738		J	Deed of Trust House and 2.0 acres of land Location: 20345 Attala Highway 35 North, West MS 39192					
			Value \$ 143,471.00	1			77,655.88	0.00
Account No. xxxxx-x5448 Republic Finance LLC P. O. Box 609 Kosciusko, MS 39090		н	2/28/2014 secured UCC-1 filed 4/30/2014 Trimmer, 2-12 guage shot guns, weight set w/ bench, treadmill, assorted hand tools, sander, dell desktop computer, HP laptop computer, printer, 2-microwaves, camcorder and radar detector (Tiller, 50" TV, 40" TV - do not have items) Value \$ 1.000.00				2,566.32	1,566.32
continuation sheets attached		<u> </u>	1,000.00	ubt his			89,053.53	3,966.32

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 $B6D\ (Official\ Form\ 6D)\ (12/07)$ - Cont.

In re	Shelbert J. Joseph,		Case No	14-14277	
	Marnita L. Joseph				
_		Debtors	,		

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	C H	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CORFLEGEE	UNLIQUIDA	E	WITHOUT DEDUCTING VALUE OF	UNSECURED PORTION, IF ANY
Account No. xxxx2059			8/29/2014	T	D A T E D			
The Citizens Bank			Deed of Trust				-	
Post Office Box 67 Kosciusko, MS 39090		н	26.50 acres of land Location: 20345 Attala Highway 35 North, West MS 39192					
	4		Value \$ 4,077.00	_			6,829.00	2,752.00
Account No.			Value C					
Account No.	╁	\vdash	Value \$	+				
			Value \$					
Account No.	╁	t	variet (i)	+				
			Value \$					
Account No.								
			Value \$					
Sheet _1 of _1 continuation sheets att		d to		Sub			6,829.00	2,752.00
Schedule of Creditors Holding Secured Claim	ıs		(Total of				·	•
			(Report on Summary of S		Γota dule		95,882.53	6,718.32

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B6E (Official Form 6E) (4/13)

In re	Shelbert J. Joseph,	Case No14-14277
	Marnita L. Joseph	

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Subtotals" on the Support the total of all claims listed on this Schedule E in the box labeled "Subtotals" on the Support the total of all claims listed on this Schedule E in the box labeled "Subtotals" on the Support the total of all claims listed on this Schedule E in the box labeled "Subtotals" on the Support the total of all claims listed on this Schedule E in the box labeled "Subtotals" on the Support the total of all claims listed on this Schedule E in the box labeled "Subtotals" on the Support the total of all claims listed on this Schedule E in the box labeled "Subtotals" on the Support the total of all claims listed on this Schedule E in the box labeled "Subtotals" on the Support the total of all claims listed on this Schedule E in the box labeled "Subtotals" on the Support the total of all claims listed on this Schedule E in the box labeled "Subtotals" on the Support the total of all claims listed on this Schedule E in the box labeled "Subtotals" on the Support the total of all claims listed on this Schedule E in the box labeled "Subtotals" on the Support the total of all claims listed on this Schedule E in the box labeled "Subtotals" on the Support the total of all claims listed on this Schedule E in the box labeled "Subtotals" on the Support the total of all claims listed on this Schedule E in the box labeled "Subtotals" on the Support the total of all claims listed on this Schedule E in the box labeled "Subtotals" on the Support the total of all claims listed on this Schedule E in the box labeled "Subtotals" on the Support the total of all claims listed on this Schedule E in the box labeled "Subtotals" on the subtotal subto

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report the total also on the Statistical Summary of Certain Liabilities and Related Data.
☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
☐ Domestic support obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relat of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3).
☐ Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent salar representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
☐ Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
☐ Certain farmers and fishermen
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
☐ Deposits by individuals
Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
■ Taxes and certain other debts owed to governmental units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
☐ Commitments to maintain the capital of an insured depository institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Feder Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
☐ Claims for death or personal injury while debtor was intoxicated
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (4/13) - Cont.

In re	Shelbert J. Joseph,		Case No	14-14277
	Marnita L. Joseph			
-	<u> </u>	Dahtara		

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY Husband, Wife, Joint, or Community CODEBTOR AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, SPUTED AND MAILING ADDRESS LIQUIDATED Н **AMOUNT** DATE CLAIM WAS INCURRED INCLUDING ZIP CODE, W INGENT AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY AND ACCOUNT NUMBER J С (See instructions.) 12/31/2012 Account No. taxes Internal Revenue Service 0.00 P.O. Box 7346 Philadelphia, PA 19101-7346 J 93.00 93.00 12/31/2011 Account No. taxes Mississippi State Tax Commission 0.00 **Bankruptcy Section** P. O. Box 22808 J Jackson, MS 39225-2808 1.759.31 1.759.31 12/31/2012 Account No. taxes Mississippi State Tax Commission 0.00 **Bankruptcy Section** P. O. Box 22808 Jackson, MS 39225-2808 1,851.00 1,851.00 Account No. Account No. Subtotal 0.00 Sheet <u>1</u> of <u>1</u> continuation sheets attached to (Total of this page) 3,703.31 Schedule of Creditors Holding Unsecured Priority Claims 3,703.31 0.00 (Report on Summary of Schedules) 3,703.31 3,703.31

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B6F (Official Form 6F) (12/07)

In re	Shelbert J. Joseph,		Case No. 14-14277	
	Marnita L. Joseph			
_		Debtors	,	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	U	Þ	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C A H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	I QUID	SPUTED	AMOUNT OF CLAIM
Account No. 5066			collection account	Ī	A T E D		
Credit Collection Services for Progressive Gulf Insurance Company P. O. Box 9134 Needham Heights, MA 02494-9134		н					159.00
Account No. xx2221			collection account for medical services				
Franklin Collection Service, Inc. collecting for Premier Medical Group P. O. Box 3910 Tupelo, MS 38803-3910		w					3,038.00
Account No. xx2005			collection account for medical services	\dagger	t	t	
Franklin Collection Service, Inc. for Premier Medical Group of MS P. O. Box 3910 Tupelo, MS 38803-3910		н					65.00
Account No. xxxxxx9085			collection account	†			
Franklin Collection Service, Inc. collecting for A T & T P. O. Box 3910 Tupelo, MS 38803		н					103.00
							103.00
2 continuation sheets attached			(Total of	Sub this			3,365.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Shelbert J. Joseph,	Case No. 14-14277
_	Marnita L. Joseph	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

MALLING ADDRESS INCLUDING 2D CODE. AND ACCOUNT NUMBER (S) 1	CDED/MODIG VALVE	С	Hu	sband, Wife, Joint, or Community	С	U		
Healthcare Financial Services for Kosciusko Medical Clinic P. O. Box 320399 Flowood, MS 39232-9099 Account No. x7753 Healthcare Financial Services for The Heart Clinic P. O. Box 320309 Flowood, MS 39232-9099 Collection account for medical services Flowood, MS 39232-9099 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toologoustic Radiology P. O. Box 320309 Flowood, MS 392	INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR	J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	I N G E	LIQUID	ISPUTED	AMOUNT OF CLAIM
Healthcare Financial Services for Kosciusko Medical Clinic P. O. Box 320309 Flowood, MS 39232-9099 Account No. x7753 Healthcare Financial Services for The Heart Clinic P. O. Box 320309 Flowood, MS 39232-9099 Account No. x3370 Healthcare Financial Services for Diagnostic Radiology P. O. Box 320309 Flowood, MS 39232-9099 W Collection account for medical services W W Collection account for medical services W M Collection account for medical services W W Collection account for medical services Account No. xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Account No. x0685			collection account for medical services]⊤	E		
Healthcare Financial Services for The Heart Clinic P. O. Box 320309 Flowood, MS 39232-9099 Account No. x3370 Healthcare Financial Services for Diagnostic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Toology Flow	for Kosciusko Medical Clinic P. O. Box 320309		н					76.00
for The Heart Clinic P. O. Box 320309 Flowood, MS 39232-9099 Account No. x3370 Healthcare Financial Services for Diagnostic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Account No. x8534 Kosciusko Medical Clinic P. O. Box 23996 Jackson, MS 39225 Healthcare Financial Services W Collection account for medical services Healthcare Financial Services W Collection account for medical services For One of the collection account for medical services Healthcare Financial Services W Collection account for medical services Healthcare Financial Services W Collection account for medical services Healthcare Financial Services W Collection account for medical services Healthcare Financial Services To Subtool Subtool	Account No. x7753	1		collection account for medical services				
Account No. x3370 Healthcare Financial Services for Diagnostic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Account No. x8534 Kosciusko Medical Clinic P. O. Box 23996 Jackson, MS 39225 H Collection account for medical services ### Alfa.00 Sheet no. 1 of 2 sheets attached to Schedule of Subtotal Sheet no. 1 of 2 sheets attached to Schedule of Subtotal	for The Heart Clinic P. O. Box 320309		w					
Healthcare Financial Services for Diagnostic Radiology P. O. Box 320309 Flowood, MS 39232-9099 Account No. x8534 Kosciusko Medical Clinic P. O. Box 23996 Jackson, MS 39225 H Account No. xxxxxxxxxx0874 MSCB Inc. for Montfort Jones Memorial Hospital 1410 Industrial Park Road Paris, TN 38242 Sheet no. 1 of 2 sheets attached to Schedule of		_						250.00
Kosciusko Medical Clinic P. O. Box 23996 Jackson, MS 39225 Account No. xxxxxxxxxx0874 MSCB Inc. for Montfort Jones Memorial Hospital 1410 Industrial Park Road Paris, TN 38242 Sheet no. 1 of 2 sheets attached to Schedule of Subtotal	Healthcare Financial Services for Diagnostic Radiology P. O. Box 320309		w					75.00
P. O. Box 23996 Jackson, MS 39225 H 416.00 Account No. xxxxxxxxx0874 MSCB Inc. for Montfort Jones Memorial Hospital 1410 Industrial Park Road Paris, TN 38242 Sheet no. 1 of 2 sheets attached to Schedule of Subtotal	Account No. x8534	t		medical services				
Account No. xxxxxxxxx0874 MSCB Inc. for Montfort Jones Memorial Hospital 1410 Industrial Park Road Paris, TN 38242 Sheet no. 1 of 2 sheets attached to Schedule of Subtotal	P. O. Box 23996		н					416.00
for Montfort Jones Memorial Hospital 1410 Industrial Park Road Paris, TN 38242 Sheet no. 1 of 2 sheets attached to Schedule of Subtotal	Account No. xxxxxxxxx0874	\mathbf{f}		collection account for medical services			_	
Sheet no. 1 of 2 sheets attached to Schedule of Subtotal	for Montfort Jones Memorial Hospital 1410 Industrial Park Road		н					327.00
Creditors Holding Unsecured Nonpriority Claims (Total of this page)			_					1,144.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Shelbert J. Joseph,	Case	No	14-14277
	Marnita L. Joseph			

Debtors SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

	16		ahard Mitter Islant as Occasionality	T_	1	Т.	Т.	
CREDITOR'S NAME,	ŏ	l	sband, Wife, Joint, or Community		U N	D I	1	
MAILING ADDRESS	CODEBTOR	Н	DATE CLAIM WAS INCURRED AND	N T I	OZLLQU.	S	3	
INCLUDING ZIP CODE, AND ACCOUNT NUMBER	В	W	CONSIDERATION FOR CLAIM. IF CLAIM	I _N	Q	ļ۷	ا ب	AMOUNT OF CLAIM
(See instructions above.)	ļġ	c	IS SUBJECT TO SETOFF, SO STATE.	Ğ	11	1 5	: 1	AMOUNT OF CLAIM
· ·	K			N G E N T	D A	١٦	Ĺ	
Account No. xxxxxxxx0783			collection account for medical services	T	A T E D			
	1			\perp	D	L		
MSCB Inc.								
for Montfort Jones Memorial Hospital		Н						
1410 Industrial Park Road								
Paris, TN 38242								
<u>'</u>								327.00
		_		丄		Ļ	4	
Account No. xxxxx-xxxxx6253			overdraft account					
The Citizens National Bank								
Attn: Overdraft Department		w						
P. O. Box 911								
Meridian, MS 39302								
								380.31
	₩	┡		╀	_	╄	4	
Account No. xxxxx1675			overdraft account					
The Citizens National Bank								
Attn: Overdraft Department		H						
P. O. Box 911								
Meridian, MS 39302								
								112.42
A N-	╁	⊢		+	┢	╁	+	
Account No.	1							
Account No.	┪	H		十	┢	t	+	
Tiecount Tto.	┨							
	1							
Sheet no. 2 of 2 sheets attached to Schedule of		_		Sub	tota	ıl	7	
Creditors Holding Unsecured Nonpriority Claims			(Total of t					819.73
Creations froming Onsecuted Nonphorny Claims			(Total of t				' ŀ	
				7	Cota	al		
			(Report on Summary of So	che	lule	es)		5,328.73

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B6G (Official Form 6G) (12/07)

In re	Shelbert J. Joseph,	Case No	14-14277
	Marnita L. Joseph		

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 14-14277-JDW Doc 7 Filed 12/02/14 Entered 12/02/14 15:13:27 Desc Main Document Page 17 of 34

B6H (Official Form 6H) (12/07)

In re	Shelbert J. Joseph,	Case No	14-14277
	Marnita L. Joseph		

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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Fill	in this information to identify you	ur case:				•				
De	btor 1 Shelbert	J. Joseph			_					
	btor 2 Marnita L	Joseph			_					
Un	ited States Bankruptcy Court for	the: NORTHERN DISTRIC	CT OF MISSISSIPPI		_					
	se number 14-14277		-				mended ppleme	nt showin	g post-petitio	•
\circ	fficial Form B 6I								ollowing date	
	chedule I: Your Ir	ncome				MM /	/ DD/ Y`	YYY		12/13
spo atta	plying correct information. If youse. If you are separated and ach a separate sheet to this for the tree of the control of the	your spouse is not filing w rm. On the top of any additi	ith you, do not inclu	ude infor	mati	on about yo	ur spo	use. If me	ore space is	needed,
1.	Fill in your employment information.		Debtor 1			De	ebtor 2	or non-fi	ling spouse	
	If you have more than one job	Employment status	■ Employed			☐ Employed				
	attach a separate page with information about additional		☐ Not employed		■ Not employed					
	employers.	Occupation	Laborer			<u>S</u>	Self Employed Hair Stylist			<u>i</u>
	Include part-time, seasonal, o self-employed work.	r Employer's name	Turner Industri	es Grou	ıp, L	LC _				
	Occupation may include stude or homemaker, if it applies.	ent Employer's address	Attn: Payroll De 8687 United Pla Baton Rouge, L	aza Blvd	I					
		How long employed t	here? 3 mont	ths						
Pa	rt 2: Give Details About	Monthly Income								
	imate monthly income as of th use unless you are separated.	ne date you file this form. If	you have nothing to I	report for	any	line, write \$0) in the s	space. Ind	clude your no	n-filing
	ou or your non-filing spouse have re space, attach a separate shee		ombine the information	on for all e	empl	oyers for tha	it persor	n on the li	nes below. If	you need
						For Debtor	r 1		btor 2 or ing spouse	
2.	List monthly gross wages, s deductions). If not paid month			2.	\$	4,80	00.00	\$	0.00	-
3.	Estimate and list monthly or	vertime pay.		3.	+\$		0.00	+\$	0.00	-
4.	Calculate gross Income. Ad	ld line 2 + line 3.		4.	\$	4,800.	00	\$	0.00	

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Debi	tor 1 tor 2	Shelbert J. Joseph Marnita L. Joseph	-	Ca	se number (if known)	14-1	4277	
	Cor	ny line 4 here	4.	F	or Debtor 1 4,800.00		Debtor 2 or n-filing spouse 0.00	
					,			
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	959.24	\$ <u></u> _	0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$ <u></u> _	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$ <u></u>	0.00	
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d.	\$ \$	0.00	\$ <u></u>	0.00	
	5e. 5f.	Domestic support obligations	5e. 5f.	φ \$	0.00	\$ _	0.00	
	5g.	Union dues	5g.	\$	0.00	φ_	0.00	
	5h.	Other deductions. Specify:	5g. 5h.+		0.00	+ \$-	0.00	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	– 6.	¢.		· • —		
				ψ	959.24	Ψ_	0.00	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,840.76	\$ <u></u>	0.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	213.53	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce				-		
		settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	8h.+	- \$	0.00	+ \$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$_	213.53	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,840.76 + \$:	213.53	1,054.29
11.	Incli othe Do i	the all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your friends or relatives. Into the contributions from an unmarried partner, members of your household, your friends or relatives. Into the contributions from an unmarried partner, members of your household, your friends or relatives.	depen			-	Schedule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies			· · · · · · ,			1,054.29
13.	Do :	you expect an increase or decrease within the year after you file this form' No.	?				Combine monthly	
13.	Do :	•	?					

Official Form B 6I Schedule I: Your Income page 2

Fill i	n this infor	mation to identify yo	our case:					
Debt	or 1	Shelbert J. J	losenh			Che	eck if this is:	
			. соср				An amended filing	
Debt	or 2	Marnita L. Jo	oseph					ving post-petition chapter
(Spo	use, if filing)					13 expenses as of	the following date:
Unite	ed States Ba	ankruptcy Court for the	: NORTH	IERN DISTRICT OF MISSI	SSIPPI		MM / DD / YYYY	
Case	e number	14-14277				П	A separate filing for	r Debtor 2 because Debtor
	nown)					_	2 maintains a sepa	
Of	ficial F	Form B 6J						
		le J: Your	_ Exper	ises				12/13
Be a info num	as comple rmation. I nber (if kn	ete and accurate as f more space is ne own). Answer eve	s possible eded, atta ry questio	If two married people are ch another sheet to this t				
Part 1.		scribe Your House joint case?	ehold					
١.		o to line 2.						
	_	Ooes Debtor 2 live	in a conar	ata hausahald?				
			iii a sepai	ate nousenoiu:				
	_	No						
	L	Yes. Debtor 2 mus	st file a sep	parate Schedule J.				
2.	Do you h	nave dependents?	■ No					
	Do not lis Debtor 2.	t Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not st							□ No
	depende	nts' names.						Yes
								□ No □ Yes
					-			☐ No
								☐ Yes
								□ No
								☐ Yes
3.	expense yourself	expenses include s of people other t and your depende timate Your Ongoi	han □ nts? □	No Yes				
Esti expe	mate you	r expenses as of you	our bankr	uptcy filing date unless y y is filed. If this is a supp				
the		uch assistance an		government assistance if luded it on <i>Schedule I:</i> Y			Your expe	enses
4.		al or home owners s and any rent for th		ses for your residence. In r lot.	nclude first mortgage	4.	\$	0.00
	If not inc	luded in line 4:						
	4a. Re	al estate taxes				4a.	\$	0.00
	4b. Pro	operty, homeowner's	s, or renter	's insurance		4b.	\$	0.00
		me maintenance, re	•			4c.	<u> </u>	0.00
_		meowner's associa				4d.		0.00
5.	Addition	ai mortgage paym	ents for vo	our residence, such as hor	ne equity loans	5.	<mark>መ</mark>	0.00

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	pert J. Joseph		4.4.4.077
ebtor 2 Marni	ta L. Joseph	Case number (if known)	14-14277
Utilities:	oity heat natural god	60 °	400.00
	city, heat, natural gas	6a. \$ 6b. \$	169.00
	sewer, garbage collection		21.00
•	none, cell phone, Internet, satellite, and cable services	6c. \$	250.00
	Specify: Household Supplie	6d. \$	65.00
	ousekeeping supplies	7. \$	450.00
Childcare ar	nd children's education costs	8. \$	0.00
Clothing, la	undry, and dry cleaning	9. \$	75.00
Personal ca	re products and services	10. \$	50.00
Medical and	dental expenses	11. \$	145.00
Transportat	ion. Include gas, maintenance, bus or train fare.		400.00
	le car payments.	12. \$	420.00
Entertainme	nt, clubs, recreation, newspapers, magazines, and books	13. \$	35.00
Charitable c	ontributions and religious donations	14. \$	325.00
Insurance.			
	le insurance deducted from your pay or included in lines 4 or 20.		
15a. Life in		15a. \$	0.00
15b. Health	insurance	15b. \$	0.00
15c. Vehicle		15c. \$	54.17
15d. Other	insurance. Specify:	15d. \$	0.00
Taxes. Do no	ot include taxes deducted from your pay or included in lines 4 or 20.		
Specify:	• • • •	16. \$	0.00
Installment	or lease payments:		
17a. Car pa	yments for Vehicle 1	17a. \$	0.00
17b. Car pa	yments for Vehicle 2	17b. \$	0.00
17c. Other.	Specify:	17c. \$	0.00
17d. Other.		17d. \$	0.00
Your payme	nts of alimony, maintenance, and support that you did not report	t as	
	om your pay on line 5, Schedule I, Your Income (Official Form 6I).		0.00
Other payme	ents you make to support others who do not live with you.	\$	0.00
Specify:		19.	
Other real p	roperty expenses not included in lines 4 or 5 of this form or on S	chedule I: Your Income.	
20a. Mortga	ages on other property	20a. \$	0.00
20b. Real e	state taxes	20b. \$	0.00
20c. Proper	rty, homeowner's, or renter's insurance	20c. \$	0.00
20d. Mainte	nance, repair, and upkeep expenses	20d. \$	0.00
	owner's association or condominium dues	20e. \$	0.00
Other: Speci		21. +\$	90.00
outer open	venicie maintenance, tay	<u> </u>	
	ly expenses. Add lines 4 through 21.	22. \$	2,149.17
	your monthly expenses.		_
	our monthly net income.		
23a. Copy I	ine 12 (your combined monthly income) from Schedule I.	23a. \$	4,054.29
23b. Copy y	our monthly expenses from line 22 above.	23b\$	2,149.17
	ct your monthly expenses from your monthly income.		4 005 40
The re	sult is your monthly net income.	23c. \$	1,905.12
For example, of	ect an increase or decrease in your expenses within the year afte do you expect to finish paying for your car loan within the year or do you expect the terms of your mortgage?		ease or decrease because of a
☐ Yes.			
☐ res. Explain:			

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B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Northern District of Mississippi

In re	Shelbert J. Joseph Marnita L. Joseph		Case No.	14-14277
		Debtor(s)	Chapter	13

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _	21
sheets, and that they are true and correct to the best of my knowledge, information, and belief.	

Date	December 1, 2014	Signature	/s/ Shelbert J. Joseph	
			Shelbert J. Joseph	
			Debtor	
Date	December 1, 2014	Signature	/s/ Marnita L. Joseph	
			Marnita L. Joseph	
			Joint Debtor	

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

United States Bankruptcy Court Northern District of Mississippi

In re	Shelbert J. Joseph Marnita L. Joseph		Case No.	14-14277
		Debtor(s)	Chapter	13

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	
\$43,041.07	Employment Income	01/01/2014 to present
\$89,179.76	Employment Income	Year 2013
\$89,029.00	Employment Income	Year 2012
\$15,864.00	Operation of Business In	ncome 01/01/2014 to present
\$16,475.00	Operation of Business In	ncome Year 2013
\$15,000.00	Operation of Business I	ncome Year 2012

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2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

> DATES OF PAYMENTS/

AMOUNT PAID OR VALUE OF

AMOUNT STILL

NAME AND ADDRESS OF CREDITOR

TRANSFERS

OWING TRANSFERS

None c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL **OWING**

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER

NATURE OF **PROCEEDING** COURT OR AGENCY AND LOCATION

STATUS OR DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF **PROPERTY**

 $[^]st$ Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR. IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Black Hills Children's Ranch d/b/a Pioneer Credit Counseling 1644 Concourse Drive Rapid City, SD 57703 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR 11/17/2014 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$12.00

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NAME AND ADDRESS OF PAYEE

Paula E. Drungole P. O. Box 186 Starkville, MS 39760 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR 11/17/2014 AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

\$500.00

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

ANSFER(S) IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

Citizens National Bank P. O. Box 430 Kosciusko, MS 39090

Citizens National Bank P. O. Box 430 Kosciusko, MS 39090 TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE checking account xxxx0211

AND AMOUNT OF FINAL BALANCE Checking account xxxx0211 Closed October, 2014

checking account xxxx6253 \$-0- closed October, 2014

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

AMOUNT AND DATE OF SALE

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

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14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF **ENVIRONMENTAL** SITE NAME AND ADDRESS **GOVERNMENTAL UNIT** NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

ENVIRONMENTAL NAME AND ADDRESS OF DATE OF

SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF DOCKET NUMBER GOVERNMENTAL UNIT

STATUS OR DISPOSITION

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18. Nature, location and name of business

None П

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six **years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN

New Image Hair 6714

Designs

ADDRESS

402 South Huntington Street

Kosciusko, MS 39090

BEGINNING AND NATURE OF BUSINESS **ENDING DATES**

Hair Salon/Cosmetologist

1992 to present

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS NAME

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME **ADDRESS** DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME **ADDRESS**

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

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20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

None b List the

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date December 1, 2014

Signature Signature Shelbert J. Joseph
Debtor

Date December 1, 2014

Signature Signature Signature Is/ Marnita L. Joseph
Marnita L. Joseph
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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United States Bankruptcy Court Northern District of Mississippi

In re	Shelbert J. Joseph Marnita L. Joseph		Case No.	14-14277
		Debtor(s)	Chapter	13

		Debtor(s)	Chapte	r 13	
	DISCLOSURE OF COMPENSA	ATION OF ATTO	RNEY FOR	DEBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), paid to me within one year before the filing of the petition in behalf of the debtor(s) in contemplation of or in connection w	bankruptcy, or agreed to	be paid to me, for s		
	For legal services, I have agreed to accept		\$	3,200.00	
	Prior to the filing of this statement I have received		\$	500.00	
	Balance Due		\$	2,700.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed compensat	ion with any other persor	unless they are m	embers and associate	s of my law firm.
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names of				ny law firm. A
5.	In return for the above-disclosed fee, I have agreed to render	legal service for all aspec	ts of the bankrupto	cy case, including:	
	a. Analysis of the debtor's financial situation, and renderingb. Preparation and filing of any petition, schedules, statemenc. Representation of the debtor at the meeting of creditors and	t of affairs and plan which	h may be required;	;	ankruptcy;
	 d. [Other provisions as needed] Negotiations with secured creditors to reduce reaffirmation agreements and applications a 522(f)(2)(A) for avoidance of liens on househ 	s needed; preparation			
6.	By agreement with the debtor(s), the above-disclosed fee doe: Representation of the debtors in any dischargany other adversary proceeding.	s not include the followin rgeability actions, jud	g service: icial lien avoida	nces, relief from s	tay actions or
	CI	ERTIFICATION			
this	I certify that the foregoing is a complete statement of any agress bankruptcy proceeding.	eement or arrangement fo	r payment to me fo	or representation of th	ne debtor(s) in
Date	ted: December 1, 2014	/s/ Paula E. Drun			
		Paula E. Drungo Paula E. Drungo			
		P. O. Box 186			
		Starkville, MS 39 662-324-1666 Fa		n	
		drungolelawfirm			

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United States Bankruptcy Court Northern District of Mississippi

In re	Shelbert J. Joseph Marnita L. Joseph		Case No.	14-14277
		Debtor(s)	Chapter	13

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date:	December 1, 2014	/s/ Shelbert J. Joseph	
		Shelbert J. Joseph	
		Signature of Debtor	
Date:	December 1, 2014	/s/ Marnita L. Joseph	
		Marnita L. Joseph	
		Signature of Debtor	

Credit Acceptance Corporation 25505 West Twelve Mile Road, Suite 3000 Southfield, MI 48034

Credit Collection Services for Progressive Gulf Insurance Company P. O. Box 9134 Needham Heights, MA 02494-9134

First Franklin Financial P. O. Box 1309 Kosciusko, MS 39090

Franklin Collection Service, Inc. collecting for Premier Medical Group P. O. Box 3910
Tupelo, MS 38803-3910

Franklin Collection Service, Inc. for Premier Medical Group of MS P. O. Box 3910
Tupelo, MS 38803-3910

Franklin Collection Service, Inc. collecting for A T & T P. O. Box 3910 Tupelo, MS 38803

Healthcare Financial Services for Kosciusko Medical Clinic P. O. Box 320309 Flowood, MS 39232-9099

Healthcare Financial Services for The Heart Clinic P. O. Box 320309 Flowood, MS 39232-9099

Healthcare Financial Services for Diagnostic Radiology P. O. Box 320309 Flowood, MS 39232-9099

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346 Internal Revenue Service c/o United States Attorney's Office Northern District of Mississippi 900 Jefferson Avenue Oxford, MS 38655

Kosciusko Medical Clinic P. O. Box 23996 Jackson, MS 39225

Mississippi State Tax Commission Bankruptcy Section P. O. Box 22808 Jackson, MS 39225-2808

MSCB Inc. for Montfort Jones Memorial Hospital 1410 Industrial Park Road Paris, TN 38242

Ocwen Loan Servicing, LLC Attn: Customer Service Department P. O. Box 24738 West Palm Beach, FL 33416-4738

Republic Finance Bankruptcy Center 7535 Airways Blvd, Suite 210 Southaven, MS 38671

Republic Finance LLC P. O. Box 609 Kosciusko, MS 39090

The Citizens Bank Post Office Box 67 Kosciusko, MS 39090

The Citizens Bank of Philadelphia P. O. Box 209 Philadelphia, MS 39350

The Citizens National Bank Attn: Overdraft Department P. O. Box 911 Meridian, MS 39302